UNIFORM NOTICE OF A LOW -VOLTAGE ALARM SYSTEM PROJECT

Owner's or Customer's Name:
Owner's or Customer's Address:
Phone Number:
Contractor's Email Address:

Contractor's Name:
Contractor's Address:
Contractor's Phone Number:
Date Project Completed:
Scope of Work:
Label Number:
Notice is hereby given that a low-voltage alarm system project has been completed at the address specified above. I certify that all of the foregoing information is true and accurate.
Printed Name:
Signature:
Signature of: Owner Tenant Contractor Authorized Representative

Please submit this form to the above address or by emailing to: permitanalysts@santarosa.fl.gov or by faxing to: (850) 623-1208